THE CRIME OF VACCINATION!!

BY

TENISON DEANE, M. D.

SAN FRANCISCO, CAL.

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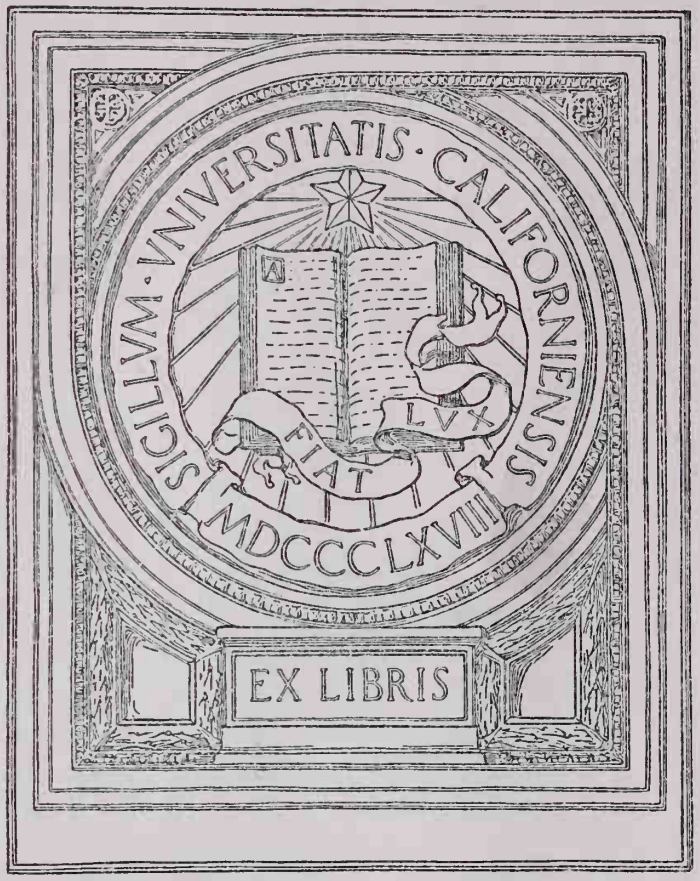

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THE CRIME OF VACCINATION OR BACTERIA, X. Y. Z.

BY

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To

G. W. and A. P. W.

Who have done much toward the advancement of Medical Science.

72396

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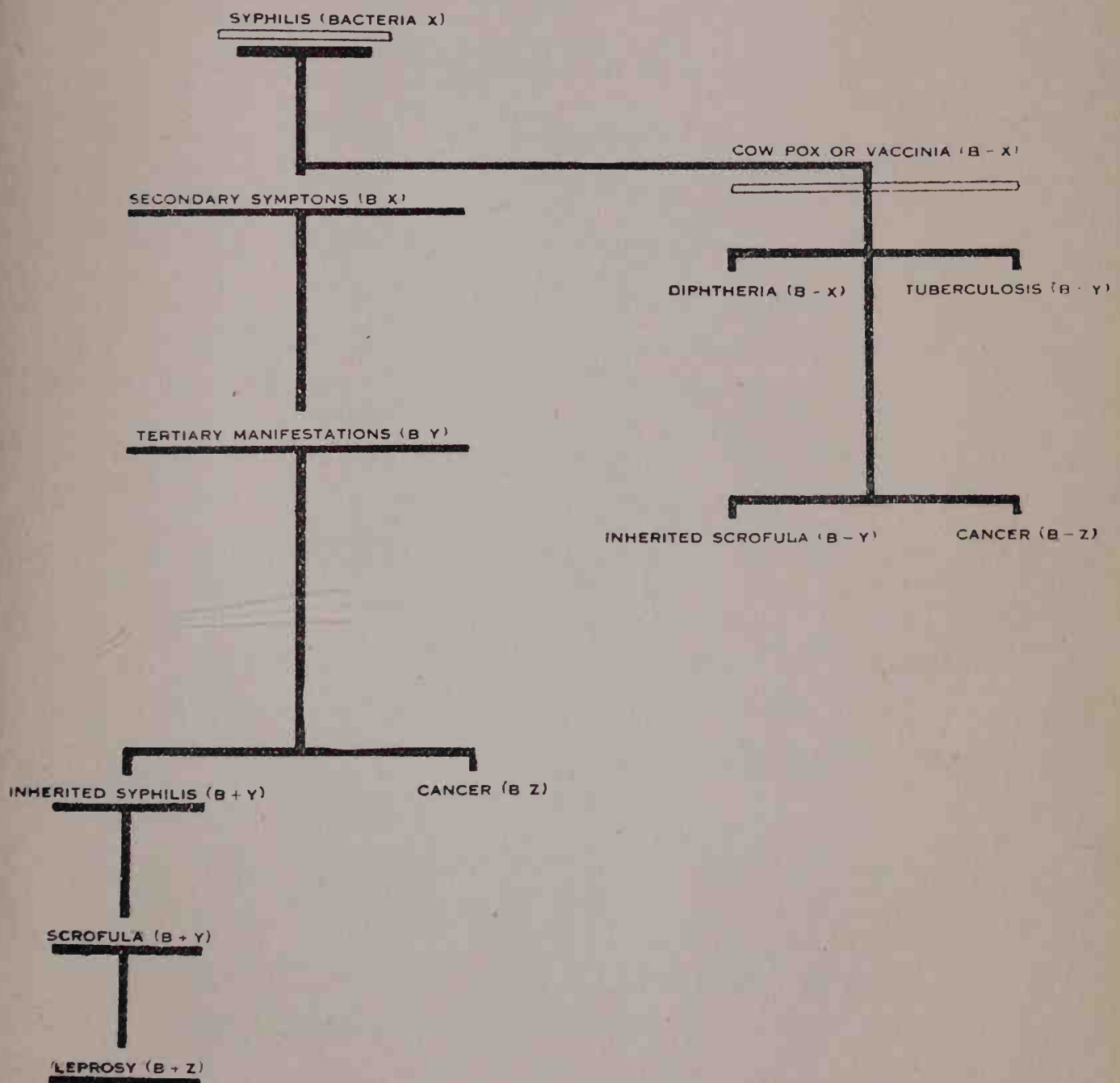
DEANE'S CLASSIFICATION

—OF—

SYPHILIS WITH SEQUELAE


SYPHILIS (BACTERIA X)
COW POX OR VACCINIA (B - X)
SECONDARY SYMPTONS (B X)
DIPHTHERIA (B - X)
TUBERCULOSIS (B - Y)
TERTIARY MANIFESTATIONS (B Y)
INHERITED SCROFULA (B - Y)
CANCER (B - Z)
INHERITED SYPHILIS (B + Y)
CANCER (B Z)
SCROFULA (B + Y)
LEPROSY (B + Z)

The Crime of Vaccination

CHAPTER I.

Introduction.

A GREAT DISCOVERY is universally acclaimed by this name at the moment of its birth. It is as an infant whose parents and their friends vociferously herald its advent and prophesy its greatness.

The public is ever anxious to welcome any innovation when it has within it the infinite possibilities of the unknown coupled with the marvelous.

Generally some element of truth is present as an excuse for its existence. Whether sufficient of this be present or not only time and the future can determine.

It must run its circle to test its verity during the labor of proof.

If it were not greeted with enthusiasm it would hardly be given a trial. This very

enthusiasm at its birth is the momentum that carries it to the completion of the circle and finally determines its status and its truth.

As De Bruyire said, "The last thing we learn about anything is where to begin."

From notes, researches, and experiments made since 1889 facts have been elucidated, which will at first excite wonder, and which must then certainly stimulate deeper and more thorough investigation in the bacteriological field.

With more than twenty years of experiment and study in general practice and in the laboratory, the author has satisfied himself of facts, which may seem astounding to the present workers in the bacteriological field. That they will come to his way of thinking after investigating and experimenting along the lines on which he has been working admit of no argument.

He has not made known his discoveries up to the present time for fear that a half-proven theory would only bring ridicule from the profession, but now that he has proved

to himself without a doubt that he is absolutely correct, and beyond a point where his discoveries can be disproved, he is ready and here gives his findings to the scientific world.

Progress in medicine, as in all branches of the arts, is advanced more by the blunders made and corrected than by original discoveries.

Evolution progresses in circles, and in its journey if errors are observed and corrected, and the original theory constantly improved, by the time that it arrives at its starting point, it is found to be on a higher plane. If its plane is not elevated during its circuitous route it becomes obsolete.

To take stock of and to summarize all the accepted facts of today, will show that with all the study and work expended in the bacteriological field it has not been raised to the elevated plane that it should reach, owing to the fact that scientists have often accepted too much as their fundamental principles upon which to base their experiments, involving errors from the beginning that up to the present time have not been corrected.

CHAPTER II.

The Crime.

THE greatest mistake ever made, and what was actually universally accepted by the medical world as a truth, turns out to be an error, the enormity of which can never be equaled nor half appreciated. The damage it has wrought in the human family will be readily seen, and the correction should be made without delay, for every hour places a black mark against those who are the keepers of the people's health.

Let us hold an autopsy on this error, which will show itself to be an ignorant procedure and an obsolete practice. Then let us bury the mistake which is a privilege allowed the medical profession.

This error was handed to us by Dr. Jenner when he discovered a prophylactic for smallpox. There never was, nor is there now, a doubt that the inoculation of cowpox into the human blood is a prophylactic against smallpox. Why? We do not know. Is that a scientific procedure? Has the germ of cowpox, or vaccina, as it is called, been discovered? Has

the germ of smallpox been discovered? No. Then we are still on the level of knowledge, in this particular, with the savage and his herb. Tradition is his teacher. He accomplishes what he sets out to do—the reason why is unnecessary.

From writings we can only form a poor estimate of what a scourge and pestilence the dreaded disease of smallpox was, and today we can safely say that, due to the inoculation of the human family with cowpox, passing through five generations, smallpox is practically extinct.

This was truly a blessing in disguise, for, while it prevented smallpox, it scattered broadcast other diseases or sequelae which are today a dread to all, as were the periodical epidemics of smallpox in the beginning.

Vaccina is a widely different type of disease from smallpox, the latter being an acute, self-limiting, eruptive, contagious fever. It was discovered that while the blood was poisoned with one disease it was immune against the contagion of another, when the etiology of neither was known.

CHAPTER III.

What Is Vaccina or Cowpox?

THE father of the "Great Discovery" of vaccination observed that many persons who lived on the western coast of England were immune to smallpox, and when epidemics infested those localities certain persons among the working-class, although exposed, were exempt from the disease.

That was the district of the dairy industry. A disease was discovered among the cows that manifested itself as a sore on the udders of the cow and was circulated and reinfected among the animals through the medium of the milkers' hands.

This disease developed on the hands of the milkers and in many cases spread from their hands to their mouths or to other parts of their bodies where their uncleansed hands might infect. This was a cow's disease, pure and simple. Pure, because it was found on the part of the cow from which the innocent milk came, and the inference was that it was harmless as milk. No one died from this infection,

and the immediate manifestation disappeared, leaving no visible injury.

What did develop later in these persons was never connected with the primary inoculation. Ailments that these persons might suffer from later, found in other parts of the body, could not with any common-sense reasoning be traced back to the milkers' sores. Those who milked cows in this part of the country lived in the open and were a sturdy, healthy class of people. The real battles their phagocytes fought were never recorded.

While we are lauding the health of these young men and women and how lightly this serious infection was regarded by them, we must trace the cause a little farther back and not charge all this unknown result to the innocent fountain of milk.

We must take note that, besides the dairy industry in the country around the Bristol Channel, this part of the country was the center for shipping of the world and that sailors and adventurers were dumped on this soil after long voyages that took these men

into many ports, landing them here full of adventures of all kinds, experience, and also syphilis.

Hygiene was unknown, and dirty hands and other things were not given much, if any, attention. Here is where syphilis was spread. The dairy maid did not tell her secrets, but with all her troubles spit on her unclean hands and went to milking. Is there any wonder that the cows' udders were infected and that innocent milkers were infected through abrasions on their hands, etc.?

Is it not a fact without the possibility of a doubt that vaccina or cowpox is syphilis inoculated into the cow through human infection?

Dr. Jenner took this bovine syphilis and vaccinated the healthy baby and all who wished to be fortified against the possible contagion of smallpox.

After twenty-two years of observation and investigation the author states that no uncured syphilitic can contract smallpox, and we all know that those inoculated with bovine syphilis are to a lesser degree immune.

With this modified form of syphilis in their blood and tissues smallpox would, if it should develop, appear in a strikingly milder form.

When a person contracts syphilis in the recognized way, with the memories of terrible tales told of this most loathsome disease, together with a guilty conscience, is it a wonder that fear besets them?

In this nervous condition and with possibly lowered vitality from often repeated debauches the victim secures the services of a doctor. The wise doctor knows that mercury is the specific remedy that will kill the cause, so the patient is forthwith mercurialized.

The patient is between two fires, and we will leave it to the therapeutist to determine which fire is signaling to him in later years.

We forget to fortify nature's weapons and to use our mercury physiologically, reserving it as a remedy to keep the blood constituents in normal proportion. Blood-counts are the mile-posts for the exhibition of mercury.

These facts are only mentioned to call your

attention to what nature's own method of cure can accomplish and why those who are vaccinated with cowpox, while in perfect health, are delighted with the initial lesion that develops on their arm. They are told with all assurance that it has taken and that they are safe.

No treatment is ever instituted after vaccination to purify the blood, which is just as reasonable after one initial lesion as the other.

Nature combats all diseases, and it is only when it falls short that the doctor pieces it out with his remedies.

This tragedy of vaccination makes Shakespeare's "Hamlet" a tame tale.

For 125 years the human race has inoculated itself and babes in arms with syphilis, thank God for the modification, but syphilis just the same. This poison it has never tried to cure or eradicate from the system, and for fear that the strength might leave the tissues, revaccination is again resorted to.

The skeptical and the dutiful followers of

science who do not think or experiment for themselves, but store away in their brains as facts and truth whatever they happen to hear, may doubt these statements and will want to have proofs that this harmless vaccination (?) has any sequelae.

In closing this story, which is truly a tragedy, the author will devote a chapter later to prove that sequelae follow vaccina.

In doing this, a picture of the bacteriological errors will be presented for inspection. With errors corrected and missing links supplied the chain will be complete, and a correct classification of diseases will be made, which at present are scattered around in the fog of mystery and ignorance.

Many investigators in this department of medicine have taken up the work where their predecessors ceased and, while in error, wonder why they cannot make greater haste in their obscured mysterious field.

CHAPTER IV.

Vaccina Is Syphilis of the Cow.

NOTES taken from cases beginning 1889. The summary of the findings from these notes here follows:

Every reader, if he doubts, will have a starting point for investigation for himself.

Question I. Why will a person who has syphilis (uncured) not contract smallpox?

Question II. Why will a person who has had syphilis not "take," as it is called, when vaccinated with vaccina or cowpox?

Question III. Why will a person recently vaccinated not contract the initial lesion of syphilis when liberally exposed, not previously even having had a venereal disease?

History of a case: Two men kept company with a woman who afterward was found to have contracted syphilis from an outside source. One of these men did not contract the disease, but the other did, both repeatedly exposing themselves to the infection, up to the time the secondary showed on the woman. Both men

were veterans of the Spanish War and were thoroughly vaccinated. The one who got the initial lesion suffered from a chancre in an exceedingly mild form, which disappeared in 20 days without any treatment, and under constant observation for 2 years no secondary symptom ever developed. This was in 1899.

The woman took treatment for 7 months after the secondary symptoms showed themselves. She died of cancer of the uterus in 1910. Both men, who were perfectly healthy in 1899, were suffering from tuberculosis in 1912.

Question IV. Why, if one half of the children of a family be vaccinated with vaccina, will only those who were vaccinated develop diphtheria when an epidemic of tonsillitis attacks the family?

History of a case: The author will relate this case, the one that started him in his investigation and study on this subject. June 15th, 1889, the author was spending his vacation on the ranch of a wealthy farmer in the northern part of the state of California, fifteen

miles from the nearest town, a farm of 10,000 acres and no immediate neighbors. The farmer had a wife and seven children. The foreman, a negro, had a wife and five children. None had ever been vaccinated. Six of them were selected and vaccinated by the author:

The farmer's wife, age 43 years.
The farmer's daughter, age 6 years.
The farmer's son, age 8 years.
The farmer's son, age 25 years.
The negro foreman, age 46 years.
His son, age 12 years.

All the rest were left out and were not afterward vaccinated.

August 1st, 1890, the farmer, his wife, and five children went to the mountain ranch forty miles away, taking with them the foreman, his wife, and five children. There had been no diphtheria in the town nor any in their neighborhood. The mountain ranch was an uninhabited virgin pine forest district with pure water, where they took up their camp.

August 24th an epidemic of sore throat and canker sores developed among the children.

Farmer's daughter, seven years old, son, nine years old, and foreman's son, thirteen years old, developed very serious throat and constitutional symptoms and were taken to the home ranch, from where a doctor was sent for. Diphtheria was the diagnosis. The farmer's wife also developed diphtheria. All the rest who had not been vaccinated cured rapidly of their sore throats. The farmer's daughter, seven years old, died. The farmer's son, nine years old, did not recuperate for one year. The farmer's wife, 44 years old, had paralysis and sequelae which lasted over one year. The foreman's son, thirteen years old, became very weak and did not return to normal health.

The treatment used by the doctor who was in constant attendance was: Tr. Ferri Chloride, Insufflations of Sulphur and Calomel; afterward Syr. Ferri Iodidi and Kali Iodidi.

In 1893, the farmer's son, 29 years old, died in Los Angeles, Cal., of tubercular intestinal trouble; in 1900, the foreman, at 57 years of age, died of tubercle or cancer of larynx; in 1902, the foreman's son, 25 years old, died

of tuberculosis; in 1909, the farmer's wife, 63 years old, died of cancer; in 1911, the farmer's son, 30 years old, died of tubercular meningitis.

The farmer died of old age. All the rest are living and in perfect health, nor have they ever been vaccinated. No tuberculosis has shown in any of those living, nor is there any family history of tuberculosis. All who were vaccinated in 1889 are now dead.

Mrs. A. of Mendocino County had 12 children. In 1888 was in Ukiah with her children. Had six of the younger ones vaccinated. In 1889 her whole family developed sore throats. The six who were vaccinated all died within one week of diphtheria.

After sufficient observations, the author when called to a case of sore throat, tonsillitis, pharyngitis, laryngitis, croup, or quinsy, made it a rule to ask if the patient had been vaccinated and examined the scar. The rule that he adopted in his practice was "diphtheria cannot be diagnosed or found in the patient who has not been previously vaccinated."

Question V. Why will the Wassermann and Noguchi tests show positive in persons recently vaccinated who have never contracted syphilis nor inherited it?

Question VI. Why will diphtheria antitoxin control syphilitic lesions, especially secondary symptoms?

Question VII. Why is mercury a specific in diphtheria?

Question VIII. Why is leprosy a plague in the Hawaiian Islands, which has developed so since sailors imported syphilis there?

With climatic conditions and virgin healthy susceptible tissues, soon the entire country was inoculated. Syphilitic parents on both sides propagated children with inherited syphilis. Leprosy has been called syphilis in its fourth stage. Dr. Fitch claimed that this was the case and that in this tissue, with climatic influence, the disease of syphilis ran a more rapid and varying course with a fourth stage: Leprosy.

History of a case: In 1890, father, mother, and two children were all vaccinated. No pre-

vious vaccination nor history of syphilis acquired; inherited no tuberculosis. Mother miscarried two months later. The next child, born fourteen months later, was markedly scrofulous, and the child born two years after this was also scrofulous. The first two children of this family are still alive, and the last two have died of tuberculosis.

The mother developed cancer two years ago and died. The father, who is alive, developed psoriasis. Three intravenous injections of salvarsan caused marked improvement, when all previous treatment had no effect.

The author will now take up the bacteriological part of this subject. When first brought to the investigator's notice, it will cause doubt, wonder, then investigation, and lastly the truth, universally accepted, which the author prays will not be further delayed.

CHAPTER V.

Diphtheria and Tuberculosis Are Stages of Modified or Bovine Syphilis.

IN the Dark Ages of Medicine, when Dr. Jenner showed a candle light for the moths of science to singe their wings, it was discovered that the inoculation of one disease produced the immunity against the infection of another disease widely and pathologically different. The etiology of neither being known, syphilis, a chronic blood disease remaining through the entire life of the patient, appearing in four separate stages, and manifesting itself pathologically in an endless number of ways in every imaginable form that a deviation of healthy tissue can show itself, is inoculated in its modified form, vaccina, into the human family to prevent the possible contagion of an acute, self-limiting fever. This fever is highly contagious, while the disease inoculated is only infectious, not contagious, and only transmitted through a scratch or abrasion directly producing a culture in the blood of the patient.

Why should the presence of one disease fortify the blood against another widely different in every respect—one an incurable or uncured chronic inheritable malady with the largest assortment of sequelae, the other a self-limiting fever without a single sequela? Why? Neither Jenner, nor anyone else today, can answer this freak truth in nature.

The author will state some facts, of which he has already satisfied himself, and he asks you to start at the beginning and disprove his assertions if your investigations and experiments can do so. To make any headway in bacteriological science one must throw out the errors that have been nursed into what looks like a fully accepted theory, for whatever way one tries to utilize the false theory, it will not work out with any scientific correctness.

The specific form of contagion of smallpox has never been discovered. For the present we will drop this disease from our consideration, as it has nothing to do with, or is it in the class with, those that follow.

The specific bacteria of syphilis is still miss-

ing and also the bacteria of vaccina or cowpox. The specific bacteria, the cause of the following so-called diseases, still remain undiscovered:

Scrofula Diphtheria
Tuberculosis Leprosy
Cancer

Only those are mentioned that have direct relation to the subject.

Syphilis, vaccina, diphtheria, tuberculosis, and leprosy, all have a bacillus that is given the credit of being the cause. The true specific germ that is the cause of these conditions, including cancer, still remains undiscovered.

When this disease, syphilis, is subdivided into its stages, sequelae, and varied manifestations, it will be left to the bacteriologists to discover the real culprit, to which there is a substantial clue.

CHAPTER VI.

Bacilli Are Nature's Scavengers and Not the Causes of Any Diseases.

BACILLI are the product and not the cause of any disease.

The specific bacteria that cause the diseases, which up to the present time are not discovered, will be found when bacteriological technic is improved and the magnifying power of microscopes is increased, so that germs that cannot now be seen will be plainly discerned and classified.

The makers of microscopes have been satisfied with supplying the demand. The inventors in this mechanical department have shown themselves to be exceedingly unprogressive. The word "CAN'T," which is not in the vocabulary of mechanical nomenclature in the present era, is hewed out in letters of stone and hung around the necks of microscopical manufacturers.

Who will be the inventor of an improved modern microscope wherein the proper ratio of multiplication of light power will be produced

to sustain increased magnifying power; with motion photographs taken, which will be again enlarged in throwing them upon a screen, until we shall be able to see motion photograph plays with bacteria, at present undiscovered, which will play the principal roles in the dramas produced when the bacteria X. Y. Z. will be in the A. B. C. class with the bacteriologist. Sections will then be made of the bacilli, and the specific bacteria that they carry and propagate within their bodies will be individually studied and properly classified.

What is a bacillus? A rod-shaped organism found only where there is dead tissue and decomposition. To claim that a bacillus is the cause of a disease, that it is the specific bacteria producing a special disease, is preposterous. Bacilli can be grown in cultures, and if taken from a particular disease, will at the same time that they are propagated breed the particular undiscovered bacteria, with which their bodies are infected and which is the true cause of the disease; and this is why, if these cultures are inoculated, the original disease will be reproduced in healthy tissue. Bacilli are

found everywhere in every kind of dead and decomposed organic matter.

The diseases that are claimed up to the present time to be produced by a bacillus are only the pathological conditions that develop dead tissue and that cannot be absorbed or eliminated, with the result of decomposition and the presence of bacilli. The true bacteria undiscovered, this microscopical maggot was naturally accepted as the cause.

Bacilli are only found in the manifestations of a disease, and if they appear to cause a condition it is only that their bodies are infected with the true bacteria. The reason why great, new discoveries are periodically heralded and tried for the cure of these diseases, of which the bacillus is given as a cause, and with the same results of nothing accomplished, is because a cure or preventive is sadly needed. This all proves that the true cause of the disease has not been found, and until it is, guessing and trying every foolish conceivable thing will go on. Turtles, lizards, and snakes will get into our pharmacopea, and we may soon

find ourselves in the same dark pit of medical superstition into which Chinese medicine has fallen.

Not to wander too far from the original subject and reach out into wilds as unexplored as the special subject we are discussing, we will limit ourselves to that pathological branch of which syphilis is the parent. When the head waters are found, it will be easy drifting down the stream, picking up the true classification and treatment. "Exact knowledge of the truth," is the boat we can all be carried in. It can safely be accepted that where we have a bacillus that is thought to be the specific bacterium of a disease, we can be sure that the true bacterium has not been found. A list of bacilli found will here be given so that you can see that the author is correct in his assertion that bacilli are only products found in decayed organic matter. Spirillum belongs to this class.

(See Appendix for list of Bacilli and Spirilli.)

Are they not the flies and maggots of bacteriology and no more the cause of a disease

than is a fly? They undoubtedly carry the true causative germ on and in their bodies, and are really the scavengers of diseased tissue.

Taking up separately the conditions that descend from the parent cause, we see now how the microscopist has up to the present time, unnoticed and unknowingly, really classified this disease, compelled by the bacilli found, into the group of diseases and sequelae, as follows:

SYPHILIS.

Lustgarten's Bacillus of Syphilis:

Similar in all respects with the Tubercular Bacillus, discovered in 1884.

Van Niessen's Bacillus of Syphilis:

Resembled in every way the Klebs-Loeffler Bacillus of Diphtheria and vaccina, discovered in 1899.

VACCINA.

Klein in 1892 discovered a bacillus for vaccina, and in 1899 Van Niessen discovered his bacillus of syphilis, which was identical.

DIPHTHERIA.

Klebs and Loeffler discovered the bacillus of diphtheria; in 1899 Van Niessen discovered that the Klebs-Loeffler bacillus was identical with his bacillus of syphilis and Klein's bacillus of vaccina.

TUBERCULOSIS.

Koch in 1882 discovered the bacillus of tuberculosis. It was found to resemble Hansen's bacillus of leprosy, discovered by Hansen in 1871; it resembled the Klebs-Loeffler bacillus of diphtheria, and also was similar to Lustgarten's bacillus of syphilis.

LEPROSY.

Hansen in 1871 discovered a bacillus of leprosy, and when Koch discovered the tubercular bacillus, it was found to be similar.

CANCER.

No one claims a bacillus for cancer in any of its forms, but just the same the true germ, not a bacillus, is present, as in all of the stages of this pathological disorder. The reason why

a bacillus has not been found in this malady is because this stage takes on a different form than death and decay of tissue, as it shows itself in increased circulation and growth and rapid proliferation of cells. This is another strong proof against the theory that bacilli are the cause of any diseased condition.

The true germ is present, but the bacillus cannot live in this manifestation. If we had the protecting work of the scavenger, "The Bacillus," here, results might not be so malignant. Bacilli encompass the true bacteria when found in the pathological manifestation. Therefore cultures of the bacilli do produce unobserved cultures of the specific bacteria, and hence antitoxin serums and vaccine bacterins possess the specific power that is claimed for them, and hence any successful results.

Antitoxin of diphtheria, typhoid vaccine, bacterins, etc., which possess positive wonderful results, are all examples of the above statement.

The culture of bacilli is unsatisfactory in many cases, due to their being deprived of

their true source of nourishment, which is rotten, decomposed matter. It is only when the culture medium becomes decomposed that one can with any degree of success produce a culture.

The bacilli are all practically in the same class with the varying changes of shape and habit as we expect to find in any biological species.

The different methods required to cultivate different colonies, the varying colors, and afterward the separate staining processes necessary, are all due to the different bacteria that they are mixed with, taking on changed properties and idiosyncrasies in accordance with the special diseased germ which they have in and around their bodies.

Do we examine the great circulating fluids of the body and find bacilli, when we know that the body is infected with a disease and the specific bacteria are positively traveling through the circulation and are in all the living tissues? No. We look for and find the misleading bacillus only in the broken-down

dead tissue, which is the pathological manifestation of a disease of that class.

Enough has been said to satisfy the best informed, who will require little time to prove to themselves that the author's statements are true.

CHAPTER VII.

Bacteria X. Y. Z.

THESE bacteria X. Y. Z. are very small, and widely different from other disease-producing germs. They have not been recognized, due to their size and different properties, and due also to other reasons, later to be described.

For the present the author gives this bacterium the name Bacterium X. Y. Z.

This germ is the cause of the following diseases:

Syphilis Vaccina or Cowpox Diphtheria	X
Tuberculosis Scrofula Tertiary Syphilitic Manifestation	Y
Leprosy Cancer	Z

This same bacterium in X. Y. and Z. and perhaps in many more stages of development takes on specific producing power of like producing like in the evolutionary stage in which the germ is found and reinoculated. This same germ produces diphtheria when taken from diphtheria product, or tuberculosis if taken from tuberculosis manifestations, etc.

If the cause or specific bacterium is the same in all the above-named pathological demonstrations, then these names are only given to stages and sequelae of the one primal disease, SYPHILIS. The advent of the disease appears on the body at the point of infection, and is accepted as the initial lesion or chancre appearing after the specific germ has saturated the body fluids. It is the sore in vaccina and is the same slightly modified in vaccination. The other steps follow according to the condition, idiosyncrasies, and combative power of the protective forces of each individual and the effectiveness of treatment if administered.

Considering each stage separately the author will endeavor to convince you to his way of

thinking that the one disease shows itself in various phases caused by this specific germ. Accepting that this bacterium in growing older and maturing passes through various phases and changes in its existence, as we see in animal life everywhere—as the tadpole changes to the frog, the caterpillar to the butterfly, the egg and its evolution, the infant and man—all passing through various stages and phases, so also the bacteria X. Y. Z. produce upon inoculation the manifestations according to the stage they happen to be in at the time of infection.

We do know that its strongest characteristic is its infectiousness in its earliest age, selecting its life dwelling place. Transplanting into healthy tissue occurs in all its stages, but not so common or with the degree of ease as in its earlier age.

If the chancre of humans is inoculated from human to human we expect to see secondary symptoms following shortly. If modified, as in inoculation of cow syphilis, this rule is a little changed, secondary following immediately,

markedly milder or masked. The next symptoms are demonstrated in the throat if the germ is ripe and virulent in the economy and the throat is in an abnormal condition at this time with pharyngitis and stomach disorders or tonsillitis and if the field is prepared for pathological demonstration then diphtheria is manifested.

As children have not been exposed to infection from human syphilis, the germ is inoculated through vaccination of cow syphilis. Taking in a modified form it is nevertheless the original germ, which when put into the child's blood remains there for life with no effort ever made to treat the little victim with mercury and other antisyphilitic remedies.

The antitoxin comes in now as the accepted specific remedy for treatment, which is the true antitoxin of bacteria X., and which is propagated along with their carriers, the bacilli Klebs-Loeffler, and in this misunderstood, rough way the good work has been achieved, previous to the discovery of the true bacteria.

Patients with diphtheria who survive after a thorough treatment with diphtheria antitoxin are

also very probably cured of modified syphilis with which the blood was infected.

The next manifestation we have of syphilis or cow syphilis is tuberculosis. Since vaccination of vaccina, this germ has been sown and inoculated broadcast, so compelled by cruel, ignorant laws, and the cure will never be achieved so long as the cause is present.

We have the tertiary forms of syphilis following more from direct human inoculation than from the bovine modification—then the inherited forms where one and where both parents are affected, coming before us in the form of scrofula and leprosy.

Since carcinoma and sarcoma are included in this classification, mention of them must be made here, but until bacteria X. Y. Z. are actually placed in the A. B. C. role, we will not be able to definitely describe these forms.

These tumors take on a different aspect. They are growing bodies with rapid cell proliferation, increased blood supply, becoming heterogeneous, and abnormal exuberant growths, when open

suppurating and throwing their live cells off so rapidly that there is no opportunity for proper decomposition, so as to harbor a bacillus as a supposed cause. So, even with the multitude of bacilli, not one of them can adopt the cancer; however, the bacteria Z. is there.

While the bacillus has been looked upon as the cause and enemy in these pathological manifestations, we may find that this bacillus after all, is the true friend, and an adjunct to nature placed there to hold the true pathogenic germ under subjection. Imprisoned in their bodies until thrown off by the economy with the dead tissue and suppuration, they take up the work where the phagocytes fall short.

The non-pathogenic bacilli, as the prodigiosus and lacto-bacillus, we know, when thrown into the body alive, accomplish wonderful results in a cure because of their strong property of devouring true disease germs. So when we find bacilli in a manifestation of a disease associated with them, we are sure to find the true cause.

We therefore must surely have in the pure cultures of non-pathogenic bacilli a curative

agent, which the author will give later on when he has completed his experiments along that line.

Non-pathogenic bacilli will be thrown into the circulation at the height of diseases, such as scarlatina, measles, smallpox and other cases of acute, self-limiting, contagious fevers where we cannot definitely find a germ. They will take up the true germ, after which the bacillus can be recaptured. Then cultures will be made from these, making it possible to make the vaccine bacterins, antitoxin, etc., for these diseases, which has been thought impossible up to now, for the specific bacteria could not be found to work with. We will then have a scientific and mathematically correct immunizing agent and cure.

CHAPTER VIII.

Substitute for Cowpox Vaccination.

IN 1892 a commission was named by Great Britain to ascertain what vaccina was. The investigation was taken up by the prominent bacteriologists, and it was then that Klein discovered his bacillus of vaccina. Still no germ for smallpox, nor has it been found up to the present time. The British Commission endeavored to find the relation of vaccina to smallpox, and the more they worked the farther apart the two different pathological disorders drifted, until it was decided that they were in no way similar nor in the same class.

Dr. W. J. Simpson at that time settled the erroneous theory that vaccina was smallpox in the cow. He found that smallpox positively was not vaccina or cowpox.

He inoculated cows with smallpox and carried it through four generations of the cow, and when this was revaccinated into the human blood it produced smallpox. These findings were final, and vaccina was accepted as a separate disease with very little known about it, with the Klein

bacillus to lend a scientific dignity to it. If the anti-vaccination advocates had known the facts set forth in this article, it would have been a discarded practice long ago.

They knew something was wrong, but they did not know what it was. The reason why anti-vaccination has always failed is because its advocates did not have a single fact of the truth to back up their arguments. They wished to take away something tangible, this great safeguard to public health, as it has unfortunately been looked upon, without offering a substitute or improvement to take its place.

The author supplies the substitute. The old poisoned arrow is to be thrown away and the new automatic weapon will be found accurate to place in the gap and guard public health against the foe, smallpox, without injury to the man behind the gun.

We know what antitoxins are and how to immunize the blood with the disease itself without infecting with the disease. So we must simply immunize the human subject with the

antitoxin of smallpox itself, and that is the whole story. The fear of spreading the disease from the laboratories is the reason that this has never been tried.

Vaccine bacterins is another method of immunizing and has not been attempted because the germ of smallpox was not in evidence and no cultures could be made of an unknown germ.

This is easily done, now that the author has demonstrated what bacilli are; for we simply make a bacillus of smallpox by mixing the blood of the smallpox patient at the height of a fever with a non-pathogenic bacillus (Bacillus prodigiosus). This bacillus goes in and performs its duty and soon is filled with the smallpox germ and becomes the artificially made bacillus of smallpox. Cultures of these will grow, and our vaccine bacterins of smallpox will be put on the market.

Immunizing against smallpox will be done as immunizing against typhoid fever is now being successfully practiced, although the typhoid germ is still not found, but the bacillus typhoid is really

artificially made in the intestines of the patient with that disease.

The manufacturers of antitoxins and vaccine bacterins should not be expected to make this product for fear of spreading smallpox. The author asked them to do it some years ago, and he got a refusal. He had to carry on these experiments in his laboratory under great difficulties. He succeeded in producing an antitoxine which he called **"Smallpox Immunizing Serum."**

The government will handle this product, finding many volunteers among the best scientific men necessary to carry on the work, who will place in the hands of the public a sterile, non-infecting package, which will be harmless but more strongly preventive than the cruel, horrible practice that has accomplished nothing, when put in the balance with the suffering it has wrought.

While we have under consideration the artificially produced antitoxin and the harnessing of our friend, the bacillus, the author will make mention of the possible cure for tuberculosis, accepting the theory of the true mission of the

bacillus, that it is a product and curative agent and not a cause; and that is to cause the live bacillus laden with bacteria Y. to be thrown in large quantities into the blood of a cold-blooded animal, one whose blood will not propagate the true bacteria Y. of the tubercular stage and at the same time will not kill the bacillus, its carrier.

An idea might be mentioned here that pulmonary tuberculosis patients, who reduce the proportion of heat and moisture inhaled, do improve. The continued outdoor life through a frigid winter shows that cold is not conducive to the bacteria Y. in this stage and if that infinitesimal exhibition of cold will accomplish such visible destruction of this, what will happen in the cold-blooded animal, the turtle, which is long lived with strong resistance, slow circulation, and living comfortably in ice water? The demonstration will be many times multiplied.

The bacillus in its temporary abode loses its pathogenicity, and when this live bacillus is again injected into a tubercular patient like a vacuum, it hungrily and rapidly devours the meal, bacteria Y., which is its regular diet. Enough

of these starved live bacilli thrown into the blood of a tubercular patient, at regular intervals, may soon cleanse the tissue and fluids of the true germ of the tuberculosis stage. The author is endeavoring to produce a culture which he calls **"Anti Tubercular Vaccine."**

That conclusive proofs have been produced and the facts of the unquestionable truth demonstrated. He places his findings on the altar of science.

Who can deny his assertions and the evidence submitted, evidence which was actually made and which has herein been submitted, in the great discoveries of the greatest authorities of bacteriological study, covering the past thirty-four years?

This evidence in this case of the greatest crime known to the world is sufficient to seal the death warrant of, execute, and bury the old criminal "VACCINATION OF COWPOX."

If there is left a small minority of adherents to this old habit they will have to be considered as accomplices hereafter. A guilty conscience

and condemnation to the bottomless pit of ignorance is the punishment they will receive from the true scientists and the unfortunate laymen—men who will stand out with the strength of public opinion and legislation, if need be, to protect their little children and the future unborn, to whom we owe our greatest duty. They must be left a legacy of health, good government, and the means to live and enjoy their short stay. As path finders and pioneers of this world, we must show them the road leading to the truth.

APPENDIX

BACILLI

(P. Pathogenic or disease carrying bacilli)
(N. P. Non-pathogenic or bacilli not infected with disease)

BACILLUS

Anticus	N. P.	Decomposing fruit juices in the formation of vinegar.
Acidi Lacti	N. P.	Sour milk.
Acidoformans	P.	From liver of yellow fever cadaver.
Acinobacter	N. P.	Old cheese and sour milk.
Aerogens	N. P.	From alimentary canal of healthy person.
Acrophilus	N. P.	From air.
Abicans Pateriformis		From skin in seborrahea.
Albuminis	N. P.	From feces.
Albus	N. P.	From water (white).
Albus cadaveris	P.	From blood of cadaver.
Albus putridus	N. P.	From water.
Alantoidis	N. P.	From air.
Allii	N. P.	Found in decayed onions.
Alvei	P.	From diseased bees.
Anaerobicus Liquefaciens	P.	From intestines of yellow fever corpse.
Anthricis	P.	Sores of anthrax.

BACILLUS

Aquatilis	N. P.	From well water.
Arborescens	N. P.	Hydrant water (orange color).
Argentophosphorescens		Cuttle fish and sea-water.
Auranti Acus		Well water (yellow).
Aurens		Water and skin in seborrahea.
Berriberricus	P.	Found in berri-berri.
Bienstockii	P.	From human feces
Brossicae	N. P.	From infusion of cabbage leaves
Bronchitidis Prutidae	P.	From putrid bronchitis
Brunneus	N. P.	From water
Buccalis	N. P.	From mouth of human
Butyricus	N. P.	From old cheese, dirt and soil
Cadaveris	P.	From yellow fever cadavers
Canalis Capsulatus	P.	From sewer water
Caudicans	N. P.	From the soil
Capsulatus	P.	Intestines of sick guinea pigs
Capsulatus Mucocus	P.	From nasal secretions of influenza patients
Carabiformis	N. P.	From stomach of dogs fed with raw meat
Carotarum	N. P.	From cooked carrots and beets when decomposed
Catenula	N. P.	From rotten cheese
Caviae Fortuitus	N. P.	From guinea pigs inoculated with yellow fever
Cavicidus	P.	From human feces
Chauvaei	P.	Causing symptoms of anthrax in cattle

BACILLUS

Chlorinus	N. P.	From decayed vegetable matter
Cholerae Asiaticae	P.	Spirillum of Asiatic cholera
Cholera Gallinorum	P.	Septicaemia
Chovaei	P.	Cattle sores anthrax
Chromo Aromaticus	P.	From carcasses of diseases dogs
Claviformis	P.	From rotten casein
Cloacae	N. P.	From sewage
Coeruleans		From water
Colicommunis	P.	From intestines of man and animals
Constrictus		From hydrant water—yellow
Coprogenes	P.	From intestines of pigs with hog cholera
Coprogenes Parvus	P.	From human feces
Crossus Sputigenus	P.	From sputum of man
Cuneatus	P.	From blood and intestines of animals, dead from sepsis
Cyanogenus		Found in blue milk
Cystiformis	P.	Found in urine of patients with chronic cystitis
Dentrificans		In the sewer, soil and decomposed nitrats
Dentalis Veridans	P.	Found in rotten teeth
Devorans	N. P.	From well water
Difusus	N. P.	From the soil
Diphtheriae	P.	From diphtheritic membranes
Diphtheria Columbarum	P.	From pigeon diphtheria
Diphtheria Spurius	N. P.	Similar to diphtheria found in mouths and pharynx of healthy persons

BACILLUS

Diphtheria Vitulorum....	P.	From the mouths of calves with diphtheria
Distortus		Species found in milk and cheese
Dysenteriae	P.	From viscera of persons who died of dysentery
Dysodes .....N.	P.	In sour bread
Endocarditis		
Capsulatis	P.	From viscera of corpse dead of endocarditis
Entriditis	P.	From animals dead of enteritis
Epirdermidis		From decomposed epidermidis between toes
Erysipelatos Leporis....	P.	From erysipelas in the rabbit
Erysipelatos Suis.....	P.	From erysipelas in the hog
Erythrosporos .....N.	P.	Decomposition of albuminous fluids
Expneumo Enteritide....	P.	Hog cholera
Figurans .....N.	P.	Saprophytic from air and water
Filiformis .....N.	P.	From cheese and milk
Fiocca	P.	From saliva of dogs and cats
Fitzianus .....N.	P.	Saprophytic from infusion of hay
Flavus		From water producing yellow pigment
Fuscus Limbutus.....N.	P.	From rotten eggs
Gallinarum	P.	Chickens dead of chicken cholera
Geniculatus .....N.	P.	From stomach, man and animals
Gingivae Pyrogens.....	P.	From foul mouth and decayed teeth
Gracilis .....N.	P.	From water
Graveoleus .....N.	P.	From between the toes

BACILLUS

Hansenii		From water producing yellow pigment
Henime Crobiophilus	P.	From cheesy lymph glands
Hydrophilus Fuscus		From lymph disease of frogs
Iaathinus		From hydrant water and sewage producing violet pigment
Indicus	P.	From stomach of monkey
Indigo Genus	P.	From leaves of indigo plant
Influenza	P.	Supposed specific bacillus of influenza
Lacticus	N. P.	Sour milk
Lactis Acrogenes	P.	From intestines of animals fed on milk
Lactis Erythrogenes		Red milk
Lactis Discosus	N. P.	From ropy milk
Lepra	P.	From leprous tubercles
Liodermos		From milk, peptonizing casime
Liquefaciens	N. P.	From water
Liquefaciens Bovis		From lungs of diseased ox
Liquefaciens Magnus		From mice inoculated with garden soil
Malarise	P.	From malarial patients
Mallei	P.	From nodules of glanders
Magateriuum	N. P.	From boiled cabbage
Malanos Parvas		From air producing black pigment
Menentericus Fuscus		Saphrophitic from air and water and potato peelings
Menentericus Rubrum		Causing pink color on potatoes

BACILLUS

Menentericus Vulgatas		From potatoes, milk and human feces
Mirabilis		Found in putrification of animal matter
Multipdiculus	N. P.	From air and water
Murisepticus Plemorphus	P.	From uterine discharge of pyemia
Muscoides	N. P.	From soil, old cheese and cow-dung
Neopolitanus		Found in diseased intestines of human and animals (strong odor)
Oldematis Maglini	P.	From dust, foul water and putrifying matter
Oxytoces Perniciosus	P.	From stale milk
Parvus oratus	P.	From pigs dying with swine plague
Pasteurianus		From stale beer
Phosphorescens gelidus	N. P.	From phosphorescent fish
Pneumoniae	P.	Found in exudates of pneumonia
Pneumonicus Agilis	P.	From vagus pneumonia of rabbits
Polymyxa		From fermenting infusion of potatoes
Polypiformis	N. P.	From cow dung and exudates of mice
Prodigiosus	N. P.	Found on foods
Pseudopneumonicus	P.	From pus
Pyocyanens	P.	From blue pus
Pyogenes foetidus	P.	From pus of an abscess
Radiatus	N. P.	From exudates of mice and guinea pigs
Ramosus liquefaciens	N. P.	From air
Ruter		Saprophytic from air

BACILLUS

Salivarius Septicus.....		Found with the diplococcus of pneumonia
Saprogenes		From fetid sweat of feet, putrefying pus and gangrenous tissue
Scaber	N. P.	From cheese
Schafferi	N. P.	From cheese and fermenting potato
Scheurlen	N. P.	From cancer and healthy breast
Septicaemia		Saprophytic from blood in blood poison
Septicus acuminatus.....	P.	From blood and organs of child dead from septicaemia
Septicus putiganus.....	P.	Found in pneumonia
Shigas	P.	Found in basillary dysentery and summer diarrhoea of children
Sernilis	N. P.	From human feces
Solidus	N. P.	From excreta of mice
Stalinatos	N. P.	From water
Subtilis	N. P.	From air, water, soil and decaying matter
Synxanthus	N. P.	From yellow milk
Syphilidis	N. P.	Found in syphilitic manifestations
Tenuis	N. P.	From cheese causing albuminoid decomposition
Tetani	P.	From soil and pus of tetanus
Thermophilus	N. P.	From intestines of man and animals and the soil
Tremulus		Saprophitic from decaying infusion of plants

BACILLUS

Tuberculosis	P.	Found in patients with tuberculosis
Tumescens	N. P.	From beets and turnips
Turgidus		Saprophytic from air
Tussis convulsivae	P.	From sputum of whooping cough
Typhosus	P.	Found in typhoid fever in feces and intestines
Typhi Abdominalis		Found in typhoid fever in feces and intestines
Ulna	N. P.	From healthy sputum
Urocephalus		From putrefying animal matter with albuminoid fermentation
Utpadel	P.	From small intestines of man
Varicoens-conjunctiva	P.	From healthy conjunctiva
Vireus		Found in stagnant water causing green pigment
Viresceus	N. P.	From green sputum
Virgula		In albuminoid fermentation of cascin
Viridis		In polyporus fungus in water
Vitulorum	P.	From diphtheria of calves
Vulgaris		Found in putrefaction of animal matter
X		Pathogenic species found in yellow fever
Zenkeri		Found in putrefaction
Zopfii		In intestines of chickens and ducks
Zurnianum	N. P.	From water

SPIRILLUM

Buccale	Found in tartar of teeth
Cholerae Asiaticae.....	P. The comma-bacillus from stools of patients with epidemic cholera
Of Finckler Prior.....	From cholera stools
Milleri	P. From rotten teeth
Obermeieri	Bacillus of relapsing fever
Sputigenum	Found in saliva
Tyrogenum	Found in cheese resembling cholera spirillum

A complete list of Bacilli can not be submitted as Bacteriologists are daily increasing the number. Wherever decomposed matter is found, a bacillus can be discovered.

They vary in appearance according to the conditions surrounding, the varying elements of the matter, etc., all of which cause difference in size, disposition, qualities and properties.

The Spirochoeta pallida is not considered by the Author as the cause of Syphilis—Anaemia, with an undetermined Bacteria present in the blood, is the cause of its presence. It is one of nature's assistants and its office is similar to all Bacilli—or Sperrillae.

In Relapsing fever and other diseases where blood properties are deficient the Spirochoeta is found.

Questions will be answered and Proofs furnished by the Author to those who will address their communications to him.

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